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Bib Data Sheet

CONFIRMATION NO. 9692

|  |  |                                   |                               |                                       |                                   |   |  |  |                                      |                                 |
|--|--|-----------------------------------|-------------------------------|---------------------------------------|-----------------------------------|---|--|--|--------------------------------------|---------------------------------|
| <b>SERIAL NUMBER</b><br>09/883,294   | <b>FILING DATE</b><br>06/19/2001<br><b>RULE</b>  | <b>CLASS</b><br>375               | <b>GROUP ART UNIT</b><br>2631 | <b>ATTORNEY DOCKET NO.</b><br>3670-34 |                                   |   |  |  |                                      |                                 |
| <b>APPLICANTS</b><br>Sten Sjoberg, Landvetter, SWEDEN;<br>Ulf Hansson, Lerum, SWEDEN;<br><br><b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b><br>SWEDEN 0002332-5 06/20/2000<br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/10/2001</b>      |  |                                   |                               |                                       |                                   |   |  |  |                                      |                                 |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |  | <b>STATE OR COUNTRY</b><br>SWEDEN | <b>SHEETS DRAWING</b><br>3    | <b>TOTAL CLAIMS</b><br>4              | <b>INDEPENDENT CLAIMS</b><br>1    |   |  |  |                                      |                                 |
| <b>ADDRESS</b><br>NIXON & VANDERHYE, P.C.<br>8th Floor<br>1100 North Glebe Road<br>Arlington ,VA 22201-4714  |  |                                   |                               |                                       |                                   |   |  |  |                                      |                                 |
| <b>TITLE</b><br>Device for narrow-band communication in a multi-carrier system   |  |                                   |                               |                                       |                                   |   |  |  |                                      |                                 |
| <b>FILING FEE RECEIVED</b><br>710  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: <table border="1" style="float: right;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table> |                                   |                               |                                       | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees ( Filing ) | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) | <input type="checkbox"/> 1.18 Fees ( Issue ) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
| <input type="checkbox"/> All Fees  |  |                                   |                               |                                       |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.16 Fees ( Filing )  |  |                                   |                               |                                       |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )   |  |                                   |                               |                                       |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.18 Fees ( Issue )   |  |                                   |                               |                                       |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> Other _____   |  |                                   |                               |                                       |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> Credit  |  |                                   |                               |                                       |                                   |   |  |  |                                      |                                 |